

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

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NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Limited Liability Company Interests in Commonfund Multi-Strategy Equity Investors, LLC Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Commonfund Multi-Strategy Equity Investors, LLC (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) Address of Executive Offices c/o Commonfund Asset Management Company, Inc. (203) 563-5000 15 Old Danbury Road P.O. Box 812 Wilton, CT 06897 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) (if different from Executive Offices) Brief Description of Business Private Investment Fund Type of Business Organization corporation □limited partnership, already formed other (please specify): Limited Liability Company business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: 0 4 ■ Estimated 0 7

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91)

		- D. O.C.	DENTIFICATION DAM		
		A. BASIC II	DENTIFICATION DATA		
X Each beneficial of	f the issuer, if the	e issuer has been organiz	zed within the past five years; e, or direct the vote or dispositio	n of, 10% or more of a cla	ss of equity securities
			nd of corporate general and mana	aging partners of partnersh	ip issuers; and
X Each general and	managing partn	er of partnership issuers.	•		
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	Executive Officer of the Managing Member	☑Director of the Managing Member	☐General and/or Managing Partne
Full Name (Last name first Hutton, Lyn					
Business or Residence Add	lress (Number an agement Compan	d Street, City, State, Zip y, Inc., 15 Old Danbury F	o Code) Road, P.O. Box 812, Wilton, CT 06	897	
Check Box(es) that Apply:	Promoter	Beneficial Owner	⊠Executive Officer of the Managing Member	☑Director of the Managing Member	General and/or Managing Partne
Full Name (Last name first Strauss, Michael H.		V0			
Business or Residence Add c/o Commonfund Asset Man	iress (Number an agement Compan	y, Inc., 15 Old Danbury F	o Code) Road, P.O. Box 812, Wilton, CT 06	897	
Check Box(es) that Apply:		Beneficial Owner	☐ Executive Officer of the Managing Member	☑Director of the Managing Member	☐General and/or Managing Partne
Full Name (Last name first Long, Jeffrey T.					
Business or Residence Add			o Code) Road, P.O. Box 812, Wilton, CT 06	897	
Check Box(es) that Apply:		Beneficial Owner	Executive Officer of the Managing Member	☑Director of the Managing Member	General and/or Managing Partne
Full Name (Last name first Beaudreault, MaryEllen					
Business or Residence Add			o Code) Road, P.O. Box 812, Wilton, CT 06	897	
Check Box(es) that Apply:		Beneficial Owner	Executive Officer of the Managing Member	☑Director of the Managing Member	General and/or Managing Partne
Full Name (Last name first De Monico, A. Nicholas	· · · · · · · · · · · · · · · · · · ·				
Business or Residence Add			o Code) Road, P.O. Box 812, Wilton, CT 06	R97	
Check Box(es) that Apply:		Beneficial Owner	Executive Officer of the Managing Member	☑Director of the Managing Member	General and/or Managing Partne
Full Name (Last name first. Sedlacek, Verne O.	, if individual)				
Business or Residence Add			o Code) Road, P.O. Box 812, Wilton, CT 06	R97	
Check Box(es) that Apply:		Beneficial Owner	Executive Officer of the Managing Member	☑Director of the Managing Member	General and/or Managing Partne
Full Name (Last name first, Gardiner Jr., Arthur Z.					
Business or Residence Add c/o Commonfund Asset Mana			Code) Road, P.O. Box 812, Wilton, CT 06	897	

☐Beneficial Owner ☐Executive Officer

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Business or Residence Address (Number and Street, City, State, Zip Code) c/o Commonfund Asset Management Company, Inc., 15 Old Danbury Road, P.O. Box 812, Wilton, CT 06897

of the Managing Member

☐Director of the

Managing Member

☐General and/or

Managing Partner

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Check Box(es) that Apply: Promoter

Full Name (Last name first, if individual)

Auchincloss, John W.

Check Box(es) that Apply:	Promoter	Beneficial Owner	⊠Executive Officer of the Managing Member	Director of the Managing Member	General and/or Managing Partner					
Full Name (Last name first, Blanch, Carolyn N.	if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Commonfund Asset Management Company, Inc., 15 Old Danbury Road, P.O. Box 812, Wilton, CT 06897										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer of the Managing Member	Director of the Managing Member	Managing Member					
Full Name (Last name first,	if individual)									
	if individual)									
Full Name (Last name first,	if individual) nent Company, I	nc.	of the Managing Member							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. INFO	RMATIC	IN ABOU	I OFFER	CING					
1. Has	the issuer so	ld, or does t	the issuer in	itend to sell	, to non-acc	redited inv	estors in thi	s offering?					Yes	No ⊠
				,	Answer also	in Append	lix, Column	2, if filing	under ULC	E.				
2. Wh	What is the minimum investment that will be accepted from any individual? *Subject to Management Discretion								\$ 1,000,000*					
3. Doe	Does the offering pennit joint ownership of a single unit?										Yes	No		
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar										Ц			
rem pers	uneration for son or agent o (5) persons to	solicitation f a broker o	of purchas	ers in conne sistered with	ection with the SEC a	sales of sec	urities in th a state or st	e offering. ates, list the	If a person name of the	to be listed te broker or	is an associ dealer. If r	iated nore than		
	(Last name fi		idual)											
Business o	r Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
	nbury Road, ssociated Bro													
States in W	hich Person I	Listed Has !	Solicited or	Intends to	Solicit Purc	hasers								
(Chec	k "All States	" or check i	ndividual S	tates)						⊠	All States			
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	์เนา	[VT]	[VA]	[WA]	[wvj	[WI]	(WY)	[PR]		
Full Name	(Last name fi	rst, if indiv	idual)											
Business or	r Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name of A	ssociated Bro	ker or Deal	er										-	
States in W	hich Person I	_isted Has S	Solicited or	Intends to	Solicit Purc	hasers								
(Check "Al	l States" or cl	neck individ	dual States)								All States			
												moi		
(AL) (IL)	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	(FL) [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	(ND) [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
	(Last name fi			[174]	[0.]		[1775]	[7,73]		14		[, ,,]		
Business or	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						-		
Name of As	ssociated Bro	ker or Deal	er					· · · · · · · · · · · · · · · · · · ·	<u>.</u>					
States in W	hich Person L	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Check "Al	l States" or cl	neck individ	lual States)								All States			
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	(AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	T	Aggregate Offering	Amount Already
	Type of Security	Price	Sold
	Debt	\$	\$
	Equity	<u>\$</u>	\$
	☐ Common ☐ Preferred	_	1 _
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify) Limited Liability Company Interests	\$ 1,188,259,369	\$ 1,188,259,369
	Total	\$ 1,188,259,369	\$ 1,188,259,369
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	43	\$ 1,188,259,369
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3 .	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	⊠	\$0
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	⊠	\$0

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AND U	ISE OF I	PROCE	EDS	
4.	b. Enter the difference between the aggregate offering expenses furnished in response to Part C - Question 4 issuer."	g price given in response to Part C - Question 1 and to.a. This difference is the "adjusted gross proceeds to	otal the			\$ 1,188,259,369
5.	Indicate below the amount of the adjusted gross proceed the purposes shown. If the amount for any purpose is left of the estimate. The total of the payments listed in forth in response to Part C - Question 4.b. above.	not known, furnish an estimate and check the box to	the			
				Office	rinents to rs, Directors, Affiliates	Payments To Others
	Salaries and fees			□ \$		□ \$
	Purchase of real estate			□\$		□ s
	Purchase, rental or leasing and installation of machine	ery and equipment		□ \$		□ s
	Construction or leasing of plant buildings and facilities	s		□ \$		□ s
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets of pursuant to a merger)	r securities of another issuer		□ \$		□ \$
	Repayment of indebtedness		······	□ \$		□ \$
	Working capital			□ \$		□ s
	Other (specify): Investment in portfolio securities a	and related expenses		□\$		☑ \$ 1,188,259,369
	Column Totals			□ \$		S 1,188,259,369
	Total Payments Listed (column totals added)			⊠ \$ 1,188	,259,369	
		D. FEDERAL SIGNATURE				
an u	ssuer has duly caused this notice to be signed by the undertaking by the issuer to furnish to the U.S. Securities accredited investor pursuant to paragraph (b)(2) of Rule	and Exchange Commission, upon written request of	led under its staff,	Rule 50 the info	5, the followin	g signature constitutes ed by the issuer to any
lss Co LL	ner (Print or Type) Simmonfund Multi –Strategy Equity Investors, C	gnature The W. Andd Lose	Date March	ţ1	, 2009	
		tle of Signer (Print or Type) ecretary of the Managing Member of the Issuer				
	1	•				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION